Payment: Cash [] E-Transfer []

OFFICE: **HEALTH CONCERN: Billet Request:

2023 ATHLETE REGISTRATION FORM Hamilton, ON – August 11th-13th

All information must be completed (both sides) and returned by July 21st. Parent's/Guardian's signature must be present or participant will not be eligible to participate in the CANUSA GAMES. Please Note: one sport per participant. Questions may be directed to the CANUSA GAMES Office at canusa @hamilton.ca

Athlete's Name:		_ Sport:			
Address:	<u>.</u>	Division: Age: _			
		Birth Date:			
(CITY)	(POSTAL CODE)				
Athlete's Cell:		Athlete's Email:			
Parent/Guardian E-mail Address: _		Gender Identity for Compet	ition Male [] Female []		
MEDICAL INFORMATION:					
Medications used regularly or in em	ergency:				
Family Physician:	n: Phone:				
Allergies or Special Notes:					
		Checks and fill out Volunteer Regist Work #:			
	Cell #:	Work #: Phone:			
BILLETING/HOUSING: ALL HAM	ILTON CANUSA GAM	ES ATHLETES, MUST BILLET an at	hlete from Flint.		
		or No <u>Pets:</u> Cat or Other or None			
Special Billet Request: Flint athlet	e's name (friend from p	revious year):	Age:		
Rowan's Law Concussion protoc	ol became law in Onta	rio January 2022:			
I,have watched (athlete's name)	I the video reviewing co	ncussion protocol for Rowan's Law	(athlete's signature)		

https://www.ontario.ca/page/rowans-law-concussion-awareness-resources

Hockey/Golfers Registration (including T-shirt, bus, memento, practice facilities)

\$ 70.00/ athlete

E-Transfer to <u>canusagamesregistry@gmail.com</u> include on memo athlete's name & sport. Fees & form to be submitted by July 21st, 2023.

How did you hear about the CA	NUSA Games?	Athlete	es and parents	s please circle A	LL that apply	
Returning participant - Friend - Schol Centre Bulletin Board - Instagram - T Creek etc.) - Other (please specify)	witter - Lawn Sign	- Billbo	ard Main at Dun	oach - School Flyddurn - Newspaper (l	er - Face Book -Rec. Mountain News/Stoney	
65 th CANUSA GAMES: <i>Opening Ce</i> 11 th , 2023 & Closing Ceremonies a						
<u>20</u>	023 CANUS	A G	AMES WA	IVER		
I, parent/guardian of		(for a	thlete under 18	years of age), <u>OR</u> ,		
I,	, am 18 years of ag	e or old	ler.			
Hereby agree to save harmless and servants, and representatives from a notwithstanding that same may have	Il liability howsoeve	er cause	ed in connection	with taking part in t		
As the Ontario Health Insurance Plar in Ontario, the CANUSA GAMES will compensate for additional expenses	provide a supplem	nental m				
Parent Name (Printed)	Signature of Parent/Guardian, OR Signature of Athlete if over 18					
Parent Cell Phone Number	Date					
PRIVACY STATEMENT: Persona The CANUSA Games will not use to			oose other then			
SPORT COORDINATOR SIGNATUR	RE:					
FOR COORDINATORS and OFFICE	E USE:					
Form of Payment:	Cash []		E-transfer []	With Sibling's Re	g.Form[]	
Parental Signatures:	Yes	[]	No	[]		

Rowan's Law: Athlete has reviewed Rowan's law and concussion protocols: Yes [] No [] https://www.ontario.ca/page/rowans-law-concussion-awareness-resources

Parent #2 Name_

Hosts/Parent's Registration Forms: Parent #1 Name_____